MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/806861

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3	/		⅏	⅏			53							
4		/	⅏	⅏			54							
5		//		2			55							
6	/		⅏	⅏			56							
7	/		⅏	⅏			57							
8	/			2			58							
9	/	/	⅏	⅏			59							
10	/	/	⅏	⅏			60							
11		/	⅏	⅏			61							
12		2	/				62							
13	/	2	⅏	⅏			63							
14		3	⅏	⅏			64							
15				/			65							
16				/			66							
17				/			67							
18							68							
19							69							
20							70							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7		2				TOTAL IND.							
TOTAL DEP.	15		8				TOTAL DEP.							
TOTAL CLAIMS	22		13				TOTAL CLAIMS							

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS